

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓					
2	✓					
3	✓					
4	✓					
5	✓		✓			
6	✓					
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49						
50	✓		✓			
TOTAL IND.	5	↓		↓		↓
TOTAL DEP.	44	↓		↓		↓
TOTAL CLAIMS	49					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	✓		✓			
52		✓				
53		✓				
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100						
TOTAL IND.	3	↓		↓		↓
TOTAL DEP.	2	↓		↓		↓
TOTAL CLAIMS	5					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS